

Date: ____ / ____ /20 ____

CLIENT INTERVIEW CHECKLIST



In order to ensure that you declare income from all sources and understand deductions under the Substantiation guidelines, we require you to complete the attached checklist.

All questions must be answered by circling either the NO or YES response.

Documentary evidence must be on hand for all deductions and must be kept for a minimum of five years from the date of lodging the applicable income tax return.

The checklist must also be signed in the space provided.

Office use only POI (Proof of Identity) – Document Type _____

Client Code: _____

Name: _____ Known As _____

Date of Birth: ____ / ____ / ____ Date of Death: ____ / ____ / ____

Tax File No: _____ A.B.N: _____

Residential Address: _____ Postal Address: _____

Email: _____

Mobile Number: _____ Home Phone No.: _____

Electronic Funds Transfer (EFT) Account Name _____ BSB _____ Account _____

Did you have a spouse at any time during the year? NO / YES

Spouse Name _____

DOB ____ / ____ / ____ TFN _____ Income _____ DOD ____ / ____ / ____

Do you have dependant children?

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>STUDENT</u>	<u>SNI</u>
...../...../.....	NO / YES
...../...../.....	NO / YES
...../...../.....	NO / YES
...../...../.....	NO / YES

INCOME:

Did you receive any income from any of the following sources?

- Salary or wage income NO / YES Occupation
- Reportable Fringe Benefits NO / YES
- Foreign Salary Income NO / YES
- Additional super contributions from your employer? NO / YES - Salary Sacrifice / Individually influenced / Award / EBA
- Have you acquired shares or rights from an employee share scheme NO / YES
- Tips, allowances and directors fees NO / YES
- Employment Termination Payments NO / YES
- Centrelink benefits NO / YES
- Australian Government Pension NO / YES
- Superannuation Lump Sum/Income Stream NO / YES
- Interest on Bank Accounts NO / YES
- Dividends NO / YES Company Franked Unfranked FC
.....
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.....
- Distributions from Partnerships, Trusts or Managed Funds NO / YES
- Business or Contracting Income NO / YES
- Rental Property Income NO / YES
- Bonuses from Life Insurance Policies NO / YES
- Forestry Investment Scheme Income/Expenses NO / YES
- Any other income NO / YES

Foreign Income:

- Pension NO / YES
- Rental Property NO / YES
- Investments NO / YES
- Gifts NO / YES

Did you sell any of the following?

- Property NO / YES
- Shares NO / YES
- Units in Managed Funds NO / YES
- Foreign Assets NO / YES

DEDUCTIONS:

Do you use your motor vehicle for work/business? NO / YES

Make.....Model..... Engine Size

Have you prepared a log book? NO / YES (if yes please provide)

Total KLMS travelled for the year for work / businessopening klms..... closing klms.....

Other Travel Expenses

- Air fares NO / YES
- Accommodation NO / YES
- Meals NO / YES
- Incidentals (ie taxi, bus, train etc) NO / YES

Uniform / Protective Clothing

Registered / Compulsory / Protective / Occupation Spec.

- Laundry NO / YES
- Dry cleaning NO / YES
- Eligible uniforms and footwear NO / YES

Self-Education Expenses

- Student Union fees NO / YES
- Course fees not covered by HECS/HELP NO / YES
- Travel expenses NO / YES
- Other (textbooks, stationery etc) NO / YES
- Other non-deductible expenses NO / YES

Other Work-related Expenses

- Union fees NO / YES
- Subscriptions / Memberships / Registrations NO / YES
- Conferences and seminars NO / YES
- Stationery NO / YES
- Tools & Equipment NO / YES
- Home office expenses NO / YES No. of Hours..... x 45c =
- Home Phone NO / YES Pvt %Monthly charge x 11 months =
- Mobile Phone NO / YES Pvt %Monthly charge x 11 months =
- Internet NO / YES Pvt %Monthly charge x 11 months =
- Computer Expenses NO / YES Pvt %Total Cost..... Claim
- Sun Protection NO / YES Sunscreen Hat Sunglasses
- Other deductions NO / YES
-
-
-Total

Interest & Dividend Deductions

- Expenses in relation to Interest Income NO / YES
- Expenses in relation to Dividend Income NO / YES

Other Deductions

- Donations (DGR's) NO / YES
- Tax agent fees paid previous year NO / YES
- Income Protection Insurance NO / YES

Other Information

- Did you make a personal superannuation contribution this year? NO / YES Name of Fund.....
ABN:
Is a copy of s290-170 notice on file YES / NO
- Did you contribute to your spouse's superannuation this year (T7) NO / YES

Medical expenses

Confirm Medical Expenses Offset received in 2014? (Check NOA) NO / YES

*Plus \$1,500 for each dependent child after the first. For the purpose of calculating the ATI threshold for this offset, a dependent child is:

- Child under 21 years
- Child, 21 to 24 years who is a full-time student

NO / YES

Family Status	ATI Threshold	What Can I Claim?	ATI Threshold	What Can I Claim?
Single	\$90,000 or less	20% of net medical expenses over \$2,218	Above \$90,000	10% of net medical expenses over \$5,233
Family	\$180,000* or less	20% of net medical expenses over \$2,218	Above \$180,000*	10% of net medical expenses over \$5,233

Do you have a HELP, SFSS OR TSL debt?

NO / YES HELP SFSS

Do you have private health cover?

NO / YES (Statement to be provided)

- If a defence force employee, has your spouse paid medicare & have private health cover? NO / YES
- Were you a sole parent at any time during the year? NO / YES
- Did you pay child support? NO / YES

Zone Allowance

- Destination and number of days
- 1.
- 2.
- 3.
- 4.

Did you or your spouse receive FTB Part B during the year? If so:

- How many days during the year were you eligible for FTB Part B?
- If FTB Part B was received at a shared care rate, what was your shared %?

Signature of taxpayer Dated:/...../.....